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CONFIRMATION NO. 7757

<b>SERIAL NUMBER</b> 09/943,380	<b>FILING OR 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 8141-004-US	
<b>APPLICANTS</b> S. Grant Mulholland, Birchrunville, PA; Paul Zupkas, San Diego, CA;					
<b>** CONTINUING DATA *****</b> <i>none</i> <i>OK</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>OK</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/13/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 72	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32301					
<b>TITLE</b> Reinforced urethral suppository					
<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		